

Oct 06 08 07:19a Brion

P.3

2/95/5

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe aka Doe's LimosRequest to cancel Class Charter Certificate  
Only 1 Limousine Service, LLCBEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2003 - 132 - T

OCT - 6 2009

T.T.W.W.W

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: \* Brion SmithTelephone: \* 843-399-2565Address: \* 2493 Edger RdFax: \* 843-399-2980\* Courtesy SCo 29526

Other: \_\_\_\_\_

Email: \* brion@only1limoservice.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation                                   |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

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PSC SC

DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Oct 06 09 07:19a Brion

p.2

## Request for Cancellation of Certificate

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Docketing Department</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Send by fax &amp; ecopy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-6578</b> <b>FAX (803) 737-6815</b>
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DATE: Oct 1 2009

Please consider this a request to cancel my:

- ☐ Class C Taxi Certificate
 ☐ Class A Restricted Certificate
- ☒ Class C Charter Certificate
- ☐ Class C Charter Bus Certificate
- ☐ Non-Emergency Certificate
- ☐ Class E Household Goods Certificate
- ☐ Class E Hazardous Wastes Certificate

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ORS  
T.T.W./W/WMy Certificate Number is 17357-A
Only 1 Limousine Service, LLC dba N/A  
 (Name of Company) (If applicable)

\* 2493 Edge Rd  
 (Street Address)

\*  
 (Mailing Address if different from Street Address)

\* Conway SC 29526  
 (City, State, Zip Code)

\*  
 (City, State, Zip Code)

\* 843-399-2565  
 (Telephone Number)

\* Brion Smith  
 (Signature)

\* Owner  
 (Title)